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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Summa Health System Group Return

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
525 East Market Street

City or town, state or country, and ZIP + 4
Akron, OH 44309

F Name and address of principal officer

Thomas J Strauss
525 East Market Street
Akron, OH 44309

D Employer identification number

90-0640432

E Telephone number

(330) 375-3196

G Gross receipts \$ 1,154,617,292

H(a) Is this a group return for affiliates? ☒ Yes ☐ No

H(b) Are all affiliates included? ☒ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number 5864

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.summahealth.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Summa Health System and its related organizations' mission is to provide the highest quality, compassionate care to patients and members and contribute to a healthier community

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	124
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	90
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8,802
6 Total number of volunteers (estimate if necessary)	6	898
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,826,425
7b Net unrelated business taxable income from Form 990-T, line 34	7b	4,349,842

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,452,932	6,053,617
9 Program service revenue (Part VIII, line 2g)	1,026,551,028	1,061,546,122
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,431,945	21,938,379
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,682,616	18,099,365
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,069,118,521	1,107,637,483

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,291,949	1,448,421
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	485,919,403	495,891,252
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 1,103,524		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	542,186,906	566,499,307
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,037,398,258	1,063,838,980
19 Revenue less expenses Subtract line 18 from line 12	31,720,263	43,798,503

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,065,416,547	1,136,021,642
21 Total liabilities (Part X, line 26)	674,722,922	718,039,774
22 Net assets or fund balances Subtract line 21 from line 20	390,693,625	417,981,868

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer 2012-11-12
Date
Brian K. Demick, Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only Preparer's signature Date
Check if self-employed ☐
Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP
111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204
EIN Phone no (317) 681-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

M2-12, line

SCANNED APR 22 2014